

## Malnutrition in older persons

The Dietetic Association of Australian (DAA) 2014 report<sup>1</sup> confirms that 40–70% of Australian older adults living in aged care facilities are Malnourished.

Older persons are particularly vulnerable to malnutrition. Attempts to provide them with adequate nutrition encounter many practical problems. First, their nutritional requirements are not well defined. Since both lean body mass and basal metabolic rate decline with age, an older person's energy requirement per kilogram of body weight is also reduced.

The process of ageing also affects other nutrient needs. For example, while requirements for some nutrients may be reduced, some data suggest that requirements for other essential nutrients may in fact rise in later life.

## Malnutrition and diseases in the elderly

Many of the diseases suffered by older persons are the result of dietary factors, some of which have been operating since infancy. These factors are then compounded by changes that naturally occur with the ageing process.

Dietary fat seems to be associated with cancer of the colon, pancreas and prostate. Atherogenic risk factors such as increased blood pressure, blood lipids and glucose intolerance, all of which are significantly affected by dietary factors, play a significant role in the development of coronary heart disease.



Degenerative diseases such as cardiovascular and cerebrovascular disease, diabetes, osteoporosis and cancer, which are among the most common diseases affecting older persons, are all diet-affected.

### Micronutrients in the diet

Increasingly in the diet/disease debate, the role that micronutrients play in promoting health and preventing noncommunicable disease is receiving considerable attention. Micronutrient deficiencies are often common in elderly people due to a number of factors such as their reduced food intake and a lack of variety in the foods they eat.

### Other malnutrition factors

Another factor is the price of foods rich in micronutrients, which further discourages their consumption. Compounding this situation is the fact that the older people often suffer from decreased immune function, which contributes to this group's increased morbidity and mortality. Other significant age-related changes include the loss of cognitive function and deteriorating vision, all of which hinder good health and dietary habits in old age.



## Effects of Malnutrition in aged care

Undetected Malnutrition affects every system in the body and repeatedly results in increased vulnerability to illness, increased complications and in extreme cases, death.

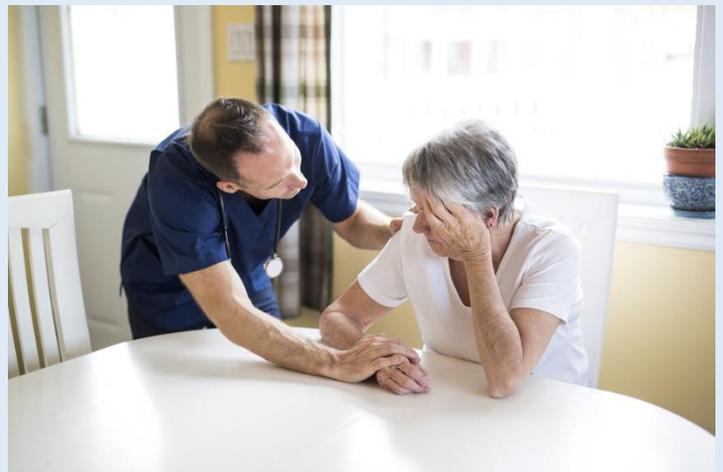
Malnutrition & unintentional weight loss in aged care results in:

- Increases (↑) risk of falls and fractures
- Increases (↑) risk of osteoporosis
- Increases (↑) risk of infection, pressure ulcers
- Increases (↑) risk of depression
- Increases (↑) frequency of hospital admissions, with prolonged length of stay
  
- Decreases (↓) mobility
- Decreases (↓) morbidity & mortality
- Decreases (↓) wound healing
- Decreases (↓) quality of life

## Reducing cases of malnutrition at your facility

Optimising nutrition intake and providing adequate nutrition support for older adults within the aged care setting is fundamental to their functional outcomes.

There is clear evidence that nutrition interventions can improve outcomes for those at risk of malnutrition. Collaboration with Clinical and Food Service staff to improve food fortification and provide appropriate education on the proper use of Oral nutritional supplements to reduce waste and subsequent costs are essential.





These are effective strategies within aged care – but require individual assessment, training and staff empowerment & motivation. OSCAR Hospitality Dietitians bring best practice to you & deliver these benefits with passion & enthusiasm according to your individual needs.

OSCAR Hospitality Dietetics range of services include:

- Comprehensive training on all components of the Malnutrition Toolbox i.e. Nutrition Screening, Best Practice Guidelines, Posters, Handouts, Project ideas & Prevention Strategies.
- Individually tailored nutritional assessment & management of residents
- Oral Nutrition Supplement Audits – who's managing your use of Nutritional Supplements? Are they being used effectively? Are they having a benefit or just adding cost?
- Annual weight Reviews & Audits
- A suite of Nutrition & Hydration presentations & workshops for nursing, catering & care staff.



#### Resources:

<http://www.who.int/nutrition/topics/ageing/en/index1.html>

1. "Preventing and treating malnutrition in older Australians", Pre-Budget Submission 2013 – 2014, DAA
2. BAPEN 2016 "Putting patients at the centre of good nutritional care/Malnutrition/Undernutrition" Website

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**Need help with any dietary advice?**

Please call or email OSCAR Hospitality Dietitians via our contact details below.